

**TRANSMITTAL FORM**Attorney Docket No.
BC9-99-068
1503PIn Reply, Please Refer to: **CHING et al.** Confirmation No: **6677**Serial No: **09/538,380**Group Art Unit: **2127**Filed: **March 29, 2000**Examiner: **Ali, Syed J.**For: **Method and System For Managing Subsystem Processes In A DMD System**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input checked="" type="checkbox"/> After Allowance Under 37 CFR 1.312	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	19	22	0	\$ 50.00	\$ 0.00
Independent Claims	4	4	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	August 12, 2005

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 12, 2005	
Type or printed name	Irena Nikolova
Signature	



ZFN

CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 12, 2005.

Irena Nikolova

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: August 12, 2005

Jennie CHING et al.

Confirmation No: 6677

Serial No: 09/538,380 ✓

Group Art Unit: 2127

Filed: March 29, 2000

Examiner: Ali, Syed J.

For: METHOD AND SYSTEM FOR MANAGING SUBSYSTEM
PROCESSES IN A DMD SYSTEM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER ALLOWANCE UNDER 37 C.F.R. § 1.312

Sir:

Please amend the above-identified application in the following manner:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments being on page 7 of this paper.